

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH	70385	
O.I.P.E. CLASSIFIER			5 4 6-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	59227		5/25/00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	1	9-11-02
2	✓	2	9-25-02
3			5/4/03
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11	✓	11	
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If more than 150 claims or 10 actions  
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